

INSTRUCTIONS ON REVERSE SIDE

QUALIFYING PETITION  
CANDIDATE WITHOUT PARTY AFFILIATION (COUNTYWIDE)

\* The "Countywide" Qualifying Petition form may be used by any candidate without political party affiliation who seeks a partisan office. Exception: the form may not be used by a candidate without political party affiliation who seeks the office of County Commissioner; such candidates must use the "City/Township" Qualifying Petition form.

We, the undersigned, registered and qualified electors of the County of \_\_\_\_\_, and State of Michigan, nominate \_\_\_\_\_, \_\_\_\_\_  
(Name of Candidate) (Street Address or Rural Route)  
\_\_\_\_\_, as a candidate without party affiliation for the office of \* \_\_\_\_\_, \_\_\_\_\_  
(City or Township) (Title of Office) (District, if Any)

in order that the name of the candidate be placed without party affiliation on the ballot for the election to be held on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

**WARNING--A PERSON WHO KNOWINGLY SIGNS MORE PETITIONS FOR THE SAME OFFICE THAN THEY ARE ELIGIBLE TO BE ELECTED TO THE OFFICE OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.**

| INDICATE CITY OR TOWNSHIP IN WHICH REGISTERED TO VOTE                    | SIGNATURE | PRINTED NAME | STREET ADDRESS OR RURAL ROUTE | ZIP CODE | DATE OF SIGNING |     |      |
|--|-----------|--------------|-------------------------------|----------|-----------------|-----|------|
|  |           |              |                               |          | MONTH           | DAY | YEAR |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 1.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 2.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 3.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 4.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 5.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 6.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 7.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 8.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 9.        |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 10.       |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 11.       |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 12.       |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 13.       |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 14.       |              |                               |          |                 |     |      |
| CITY OF <input type="checkbox"/><br>TOWNSHIP OF <input type="checkbox"/> | 15.       |              |                               |          |                 |     |      |

CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is qualified to circulate this petition and that each signature on the petition was signed in his or her presence; and that, to his or her knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a qualified registered elector of the City or Township indicated preceding the signature, and the elector was notified to sign the petition.

**WARNING--A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.**

CIRCULATOR – DO NOT SIGN OR DATE  
CERTIFICATE UNTIL AFTER CIRCULATING PETITION.

\_\_\_\_\_  
(Signature of Circulator)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Circulator)

\_\_\_\_\_  
(City or Township Where Registered)

\_\_\_\_\_  
Complete Residence Address (Street and Number or Rural Route)

\_\_\_\_\_  
(Zip Code)

## READ BEFORE CIRCULATING PETITION

The validity of signatures placed on this petition may be affected if the following is not observed.

### Complete the heading of the petition before circulating it.

- Enter the county where the petition will be circulated. Do not list more than one county.
- Enter the candidate's complete name and address and the office the candidate seeks. Include the district number of the office if there is one.
- Enter the date of the general election.

### Make sure that all signers properly complete the petition.

- Each signer must enter his or her city or township of registration and indicate whether the jurisdiction listed is a "city" or a "township." The city or township entered by the voter must be in the county listed in the sheet's heading.
- Each signer must enter his or her first and last name.<sup>1</sup>
- Each signer must enter his or her full address. A rural route number is acceptable. A post office box is not acceptable.
- Each signer must enter his or her Zip Code.<sup>2</sup>
- Each signer must enter his or her signature with the month, day and year.

### Complete the circulation certificate after circulating the petition.

- Sign and print the name and complete the month, day and year.<sup>1</sup> Signatures on the petition which are dated after the date on the circulator's certificate are invalid.
- Enter your full address. A rural route number is acceptable. A post office box is not acceptable.
- Enter your Zip Code.<sup>2</sup>

### Circulate the petition properly.

- Do not fail to question signers on their city or township of registration.
- Do not complete the heading of the petition after signatures have been affixed on the petition.
- Do not leave the petition unattended.

<sup>1</sup> The failure of the circulator or an elector who signs the petition to enter his or her name or to print his or her name in the proper location does not affect the validity of the circulator's or signer's signature. However, a printed name located in the space designated for printed names does not constitute the signature of the circulator or elector.

<sup>2</sup> The failure of the circulator or an elector who signs the petition to enter a Zip Code or to enter his or her correct Zip Code does not affect the validity of the circulator's or signer's signature.